

FLOYD COUNTY HEALTH DEPARTMENT

1917 Bono Road
New Albany, Indiana 47150-4607
Telephone (812) 948-4726
Fax (812) 948-2208
www.floydcountyhealth.org



Application for Temporary Food Service Permit

Application Date: 05/20/2020
Name of Business: Steak and Seafood direct
Owner(s) Name: Michael Bass
Address: 1021 Hickory Rd unit 18978 City Richmond State VA Zip 23225
Phone: 804 761 1129 Fax _____ Email: jessica@steakandseafooddirect.com
Person in Charge: Logan Carter Phone: 804 621 3515 Email: _____
Certified Food Handler (Name/Number): N/A Phone _____
(Must include copy of certificate at time application is being submitted or permit will not be processed)
Event Name: Steak and Seafood Date(s) of Event: 5/27/20 - 5/30/2020
Type of Structure: Trailer _____ Tent ☒ Booth _____ Building _____ Other _____
Location of Stand: 3129 Grantline Rd Hours of Operation: 12p-7p/9a-7p/11a-7p/9a-3p
Food/Beverages to be sold (attach menu if necessary): prepackaged frozen foods
Location where food is prepared: N/A
Where is food/beverages stored prior to the event?: ON REEFER TRUCK
(food cannot be prepared or stored at a personal residence)

Fees for Temporary Food Service Permits are non-refundable. Fees for the permit are \$20.00 per day; \$100.00 maximum- for a maximum of 14 consecutive days

Permit fees are based upon the following Ordinances: Floyd County-2008-V, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814.

Name of Applicant: Jessica Rivera Signature of Applicant: [Signature]

*** THE SECTION BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY ***

PERMIT FEE 80 PERMIT NUMBER ISSUED 120-017 CLERK INITIALS TS

0 paid

receipt #